

WRHA CD Investigation Checklist

- This is a basic guide. Nursing assessment and judgement will be required as you work through each step of each individual CD as per the Manitoba Health Communicable Disease Protocol.
- The PHN is ultimately responsible for the investigation, documentation and reporting of the Communicable Disease in a timely manner.
- All documentation to be completed in PHIMs
- Upon closure, the PHN will update the disposition in the case and contact investigations as appropriate (ie: “Follow up complete” or “Unable to locate”).
- PHNs are responsible to close both case and contact investigations once completed. Select CDs will be reviewed by the CD Coordinator.

General Process for all CD Referrals		
Receive referral	Ensure you have added yourself as the Primary Investigator in the case investigation in PHIMs and update the disposition to “Follow-up in Progress”	<input type="checkbox"/>
	Review Manitoba Health protocol for the specific CD http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html - Pay special attention to the “Key Investigations for Public Health” in the protocol	<input type="checkbox"/>
	Obtain the surveillance form and resources from WRHA Insite: Communicable Disease Prevention & Management Population & Public Health WRHA Insite MB health website also is a resource for surveillance https://www.gov.mb.ca/health/publichealth/surveillance/forms.html Keeping in mind that there are vaccine preventable forms, STBBI forms, Enteric disease forms and general CD forms The details must still be documented in PHIMs.	<input type="checkbox"/>
	Access echart for additional information if available (i.e. discharge summary, lab results)	<input type="checkbox"/>
	Update disease summary section in PHIMS (classification, staging, site/presentation) once determined	<input type="checkbox"/>
	Contact the testing practitioner to advise of the result. <ul style="list-style-type: none"> • Is the client aware of the diagnosis? • Will the testing practitioner be following up with the client? • Advise that PHN will be following up with the client directly. 	<input type="checkbox"/>
	Contact the client - Home visit, phone call, office meeting <ul style="list-style-type: none"> • Advise of result • Obtain clinical symptoms and history 	<input type="checkbox"/>
Case Management	<ul style="list-style-type: none"> • Interview the client • Refer to <i>Management of Case</i> in MH CD Protocol 	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Does the case work in a Sensitive Environment? (document this info under the “Investigation Information” section in PHIMs) 	<input type="checkbox"/>

	<ul style="list-style-type: none"> Has case deceased? If deceased in hospital then information to complete case investigation can be obtained from medical records and/or attending physician. If contact follow-up required, the next of kin may need to be contacted/interviewed 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Has the case been treated with medications? (ie Meningitis cases) If so document this in "Investigation Medications" section of PHIMs. Ensure you click the box that say "Other meds". Click on "Drug Description" to enter med info. If Provider unknown add "Use other Provider" 	<input type="checkbox"/>
Incubation Period (Acquisition period in PHIMs)	<ul style="list-style-type: none"> Refer to <i>Incubation Period</i> as per MH protocol Enter in the dates of the Incubation period using the maximum time frame in the Inc/Comm tab found on L hand nav bar In relation to the mode of transmission obtain information of possible exposures during the incubation period List all exposures within incubation period of the CD that are relevant to the specific CD Any exposures in the incubation period should be noted in PHIMs under the "Acquisition" tab. Each exposure should be added individually with specific dates 	<input type="checkbox"/>
Communicability (Transmission period in PHIMs)	<ul style="list-style-type: none"> Refer to <i>Period of Communicability</i> in the MH CD protocol Enter in the dates of the community period in the Inc/Comm tab found on L hand nav bar (note for enterics the end date for communicability can be left open if client is still symptomatic) Is the client still communicable? If so what are the recommendations if still communicable? If period of communicability is over is there any further recommendations for the client? Add exposures/contacts during the communicability period into the "Transmission" tab in PHIMs 	<input type="checkbox"/>
Contacts:	In relation to the mode of transmission, communicability period who would be defined as contacts?	<input type="checkbox"/>
	Household contacts should ALWAYS be considered	<input type="checkbox"/>
	Other significant contacts? eg sexual, travel, food handlers, health care workers?	<input type="checkbox"/>
	Are any contacts symptomatic? If so, do they meet a case definition of a case as per the MH protocol?	<input type="checkbox"/>
	Obtain names, DOB and PHIN #'s of contacts	<input type="checkbox"/>
	What sort of follow-up needs to occur with the contacts. Refer to <i>Management of Contacts</i> in the MH CD protocol?	<input type="checkbox"/>
	Known contacts are added to exposure summary using QRCs under #6 Exposures Investigations (phimsmb.ca) Unknown counts can be added to exposure summary using QRCs under #6 Exposures Investigations (phimsmb.ca) Assign yourself to the contact	<input type="checkbox"/>

	Documentation of assessment and intervention for contacts is to be completed in the contact investigation. All information to be added in the appropriate section of the contact investigation. Additional information and summary of assessment to be documented in the notes section of the contact investigation.	<input type="checkbox"/>
	Does the contact require treatment? (ie; with chemoprophylaxis) If so document this in “Investigation Medications” section of PHIMs. If Provider unknown add “Use other Provider”	<input type="checkbox"/>
	Once all contact follow up has been completed, add a closure summary note and then the PHN can close the contact investigation	<input type="checkbox"/>
Notes:	Document each interaction as a separate note in the Case Investigation’s Notes section in PHIMs using DARP format.	<input type="checkbox"/>
	Notes pertaining to the <u>contact</u> should be documented in the note section of the <u>contact</u> investigation.	<input type="checkbox"/>
	Ensure investigation and documentation includes details of the <i>Key Investigations for Public Health</i> as outlined in the MH CD Protocols.	<input type="checkbox"/>
	If there is a questionnaire for that specific CD ensure that ALL information gathered on the form is documented in PHIMs in the appropriate tabs and notes. The questionnaires are intended as a tool to gather information. If there are documents that need to be added to PHIMs, add them under context document tab in the investigation in PHIMS under #7 Context documents Investigations (phimsmb.ca)	<input type="checkbox"/>
	Ensure an initial and final/closure summary note is written for all case and contact investigations. The final summary should indicate that the PHN has determined that all required follow-up has been completed.	<input type="checkbox"/>
In addition for: Vaccine preventable diseases	Check PHIMs for immunization records of client and document in the “ <i>Immunization</i> ” section in PHIMs. If eligible for any immunization, discuss and recommend options to obtain immunization, including contacts (ie: for Invasive Pneumococcal Disease if the case is eligible for the Pneumo vaccine they can be provided it, even though they have had the disease)	<input type="checkbox"/>
	Consider immunization status of contacts (if applicable)	<input type="checkbox"/>
	Immunization status of contacts should be documented in the in the “Immunization History Interpretation” tab. (Reference Section 8 of the “Vaccine Preventable Disease Investigation Form”)	<input type="checkbox"/>
In addition for: Enteric Illnesses	Are they in a high-risk occupation/setting that may require exclusion and/ or test of cure	<input type="checkbox"/>
	For enterics that require a food recall history, upload the food recall section into the case investigation as a context document. See link below Investigations (phimsmb.ca) under #7 Context documents	<input type="checkbox"/>
	Have they had an exposure at an eating establishment during the incubation/acquisition period? If so complete a PH Inspector Referral Form and fax to the PHI along with a copy of the case investigation form https://professionals.wrha.mb.ca/old/extranet/publichealth/files/PublicHealthInspectorReferralFormMay2019fillable-draft.doc	<input type="checkbox"/>

	The PHI form to be uploaded as a context document in the case investigation. Investigations (phimsmb.ca) under #7 Context documents	<input type="checkbox"/>
	Itemize the details of each exposure of the case in the exposure summary. whatever you gather on the questionnaire should be entered into PHIMs.	<input type="checkbox"/>
	Are any contacts symptomatic? Do they meet a case definition? Will they require exclusion or f/u? *Note: All contacts symptomatic and asymptomatic should be identified and added under the transmission section in the case.	<input type="checkbox"/>
	Does the protocol advise testing or follow-up of asymptomatic contacts that work in a high-risk occupation?	<input type="checkbox"/>
	If they travelled during the exposure period obtain dates of travel, location and name of the facility they stayed. Detailed food history is not required. It is helpful to indicate if they stayed at a resort if they ate only at the resort or off the resort. Were other travelers ill?	<input type="checkbox"/>
	Travel is captured under risk factors, acquisition and transmission. Use of the travel tab in PHIMs in not required.	<input type="checkbox"/>
For Hepatitis B cases	Refer to WRHA WRHA Hep B operational guidelines Review echart for Hepatitis A & B markers if available and interpret accordingly (i.e. acute or chronic or unknown/undetermined) Enter all information under the appropriate tabs within the case investigation in PHIMs. Acquisition time frame: Acute or symptomatic cases: 6 months prior to symptom onset Chronic or asymptomatic cases: 6 months prior to test date for chronic or asymptomatic.	<input type="checkbox"/>
Hep B contacts	Refer to WRHA WRHA Hep B operational guidelines	<input type="checkbox"/>
	Contacts MUST be added under the exposure summary. Investigations (phimsmb.ca) under #8 Investigation Quick Entry	<input type="checkbox"/>
	Have contacts been tested and initiated immunization if susceptible?	<input type="checkbox"/>
	Once contacts have been advised to be tested, check e-chart weekly or check in with MD's office for results. Results should be documented in PHIMs	<input type="checkbox"/>
	Documentation of assessment and intervention for contacts which includes test results from eChart and immunizations, should be added in the appropriate tab of each contact. Additional information and summary of assessment to be documented in the notes section. Assign yourself to the contact Include your interventions and plan. Example of Hep B susceptible contact: <i>eg. Mar 16,2018 D) Checked e-chart. Tested Mar 4,2018 HBsAB negative; HBsAB positive. Interpretation: Hep B Immune. P) No further intervention required. B. Careful RN</i>	<input type="checkbox"/>

	<p><i>eg. June 1/19 D) Info as per echart: Tested May 26, 2019 HBsAG- negative; HBsAB negative. Interpretation: Hep B susceptible. P) PHN to f/u with client to ensure client is immunized with HBV. - B. Careful RN.</i></p> <p><i>eg. June 26/19 D) Info as per PHIMs: HBV dose#1 May 16, 2019. Client to complete series with MD. P) No further intervention required. - B. Careful RN.</i></p>	
	<p>Contacts can be closed once it is determined they have immunity (HBsAB positive). If they have no immunity (HBsAB negative) follow-up should continue until they have one documented dose of Hep B vaccine and a plan in place to complete the series.</p>	<input type="checkbox"/>
	<p>If after 1 month there is no further progress related to case investigation and contact follow-up consult with CD Coordinator to look at optional strategies.</p>	
For Hepatitis B Newborn Prophylaxis	<p>Refer to</p> <ul style="list-style-type: none"> • Manitoba Health Hepatitis B Newborn Prophylaxis Protocol and • AA WRHA Hep B operational guidelines updated March 10 2022 .pdf 	<input type="checkbox"/>
	<p>Each newborn that is receiving Hep B PEP will be created in PHIMs as Newborn Hepatitis B Prophylaxis and referred to assigned PHN.</p>	<input type="checkbox"/>
	<p>Confirm the health care provider that will be immunizing the child Advise the CD Admin person of above</p>	<input type="checkbox"/>
	<p>Follow-up and document to ensure all three HBV doses are completed at 0,1 & 6 months of age. Documentation should be completed in the notes of the infants PHIMs case</p>	<input type="checkbox"/>
	<p>Once all three doses are completed and documented, disposition to be updated as “follow up complete” and file can be closed.</p>	<input type="checkbox"/>
Possible Rabies Exposure	<p>Refer to WRHA Clinical Practice Guideline</p> <ol style="list-style-type: none"> 1. Animal Bite/ Exposure Clinical Practice Guidelines for Public Health Nurses 2017 and • Manitoba Health Rabies protocol 	<input type="checkbox"/>
	<p>Documentation occurs in iPHIS Rabies Incident Summary Module</p> <ul style="list-style-type: none"> • General documentation should be in the “Incident” tab, which includes if there was a break in the skin and if prophylaxis is required. • Details of the exposure will go in the “Exposure” tab • Details of the animal will go in the “Animal” tab, which includes description and assessment of the animal, retention method, and was Animal Services notified • Ensure all tabs are filled in and DARP format is used which includes your plan. <p>If the client is receiving rabies PEP document the immunizations in Panorama, not in the Imms tab. It is still important to note in iPHIS that the client is receiving rabies vaccine.</p>	<input type="checkbox"/>
	<p>Assess for tetanus immunization and f/u as required. If no tetanus has been provided and they are due, facilitate that they receive a tetanus immunization either by self or their HCP.</p>	<input type="checkbox"/>

Before Closure of a Case or Contact		
General CD's	Have you ensured you have added yourself as the Primary Investigator to the case (and contacts) and updated the disposition as required?	<input type="checkbox"/>
	Have you addressed and documented the "Key investigations for Public Health for the specific CD protocol" in the notes tab?	<input type="checkbox"/>
	Are all the applicable tabs complete in PHIMs?	<input type="checkbox"/>
	<ul style="list-style-type: none"> Case Disease Summary (i.e. classification, staging, site/presentation) Signs/Symptoms 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Acquisition/Transmission 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Risk Factors 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Interventions 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Contacts: Follow-up of each contact and documentation is completed? (ie: asymptomatic or symptomatic and include your interventions) PHN <i>is responsible to close contact investigations</i> 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Outcome: use if client was in ER or hospitalized or deceased Immunizations and/or Medications if applicable 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Notes: use DARP format. Ensure a summary note of interview and summary note at time of closure has been created. 	<input type="checkbox"/>
	Have you updated the disposition of the case as appropriate and ensured that the investigation and documentation are complete prior to file closure?	<input type="checkbox"/>
Hep B		
Hep B	Is all documentation completed as above Hep B section for case and contacts, including a closing note?	<input type="checkbox"/>
Hepatitis B Newborn prophylaxis		
Hepatitis B Newborn prophylaxis	Documented completion of 3 doses of HBV?	<input type="checkbox"/>
Possible Rabies Exposure		
Possible Rabies Exposure	Have you dated and signed your name and designation for each entry in iPHIS	<input type="checkbox"/>
	Have you documented your interventions?	<input type="checkbox"/>
	Have you documented a closing note under incident tab?	<input type="checkbox"/>
	Have you completed all the applicable drop-down boxes in each tab?	<input type="checkbox"/>